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"VD Problems of White Enlisted Men  
in MTOUSA"

Report 122 M-1

Prepared for

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by

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## INTRODUCTION

1. This is one of two reports on various aspects of soldier information, attitudes, and behavior relative to the problem of controlling venereal disease. The second report (122 M-2) deals with the special problems presented by the Negro soldier.

2. It is expected and it is generally true that VD (venereal disease) rates rise when troops are at rest. The problem, therefore, becomes especially acute in periods when troops await demobilization or during occupation of enemy countries.

3. This report has been prepared to help those who plan for preventing VD by furnishing supplemental data to the data on VD rates, which they know so well.

## HOW THE STUDY WAS MADE

1. The data upon which this report is based were obtained by means of questionnaires filled out anonymously by a representative cross-section of 1866 white enlisted men in the Mediterranean Theater during the period 15 June - 4 August 1945 (shortly after VE day).

2. The sample was designed to give proper representation to all arms and services in each of the major commands. Men in Air Forces, Ground Forces, and Service Forces were included in the survey according to their proportions in the Theater as a whole. Troops were sampled proportionately on a geographical basis also (location within Italy, proximity to cities, towns, and rural areas) since it is known that VD in the Italian population varies geographically. Within each unit sampled, a random sample was drawn so that all types of men had a proportional chance of being included in the survey.

3. As in previous surveys of the Research Branch, the men were assured of anonymity. No names or serial numbers were placed on the questionnaires, and it was explained to the men that the purpose of the survey was principally to get their frank and honest opinions about one of the Army's most persistent problems.



VALIDITY OF THE METHOD

The question inevitably arises as to whether the men will tell the truth about anything so intimate as frequency of sexual contact and whether they have ever contracted a venereal disease. Since questions on those two matters are the very heart of the present report, it is important to note whether there is any evidence showing that the men have indeed told the truth. There is one very important benchmark against which the work of this survey can be compared, namely, the Theater rates of VD as reported by unit surgeons for any given month or for the period of the study. It will be shown in Section 2 of the detailed findings that:

(1) The frequency of VD as reported by the men in this anonymous questionnaire study is 57 cases per 1000 men per annum, which compares very favorably with the Theater rate of 60 as computed from medical reports for the Theater.

(2) The rate of 4 cases of VD per 1000 sexual exposures as determined from this study can be combined with stated exposure rates and projected against Theater strength figures to predict quite closely the amount of VD that actually occurred in June, which is the last month covered by the survey.

Additional checks as to accuracy of the sampling procedures are routinely applied by the Research Branch against the official AGO statistics with regard to such characteristics reported by the men as their marital status, age, time overseas, time in the Army, Army rank or grade, and education. When sampling is correctly applied there seldom arises a question here, for men do not hesitate to tell the truth about such prosaic matters. The important point in this particular study was that of the validity of the men's answers to the "intimate" questions, and there seems to be little reason to doubt their answers on this score.



























II. DETAILED FINDINGS1. Frequency of Sexual Intercourse

Three white enlisted men out of 4 in this study state that they have had sexual intercourse since they have been in Italy (75%). The problem of controlling venereal disease is obviously an enormous one in terms of the sheer exposure of our soldiers to it.<sup>a/</sup>

It must not be assumed from this that soldiers in all Theaters have equally high exposure rates. For instance, a study made by the Research Branch in CBI in 1944 showed as low as 17 per cent of white EM in certain areas having had sexual intercourse since being in the Theater. Throughout this report, the caution must be borne in mind that these data are for MTOUSA only.

a. Frequency of exposure. The 73 per cent of the men who have had intercourse in Italy say they have had relations an average of 4 or 5 times in the last 3 months, or more than once each month (1.75 times per month). One man in ten says he has relations at least once per week, as shown below:

Table 1

Question: "About how many times have you had sexual intercourse during the last 3 months?"<sup>b/</sup>

Per cent saying	Theater Average 100%	5th Army Combat <sup>**</sup> 100%	AAF 100%	FBS 100%	5th Army Service <sup>**</sup> 100%
At least once a week	10	10	7	12	13
Three or four times a month	8	10	7	9	8
Once or twice a month	34	39	33	32	39
Less than once a month	21	14	26	24	18
Not since I've been in Italy	27	33	27	23	22

<sup>a/</sup> The exact wording of the check list is: No times at all, 1 time, 2 or 3 times, 4 to 6 times, 7 to 12 times, more than 12 times (once a week). The group (27%) below the horizontal cross-line ruled themselves out on a previous question.

<sup>\*\*</sup> Fifth Army combat troops are defined in this study as those in Infantry, Field Artillery, Armored Force and Tank Destroyer units. All others are considered service troops.

<sup>b/</sup> Virtually all Negro EM (96 per cent) say they have had sexual intercourse in Italy (see Report 122 M-2).



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The lower sexual intercourse rate among 5th Army combat men is at least partly traceable to the facts that, (1) the 3 months referred to in the question covers a period when the men were completing the push that resulted in victory in Italy, and (2) they have been overseas a shorter time.

b. Expectation of further exposure. Two out of three men (67%) say that they expect to have intercourse or that they might have intercourse in the future while they are in Italy. With such a large proportion frankly stating the likelihood of further exposure, this is small comfort for those who must plan for VD control. PBS men were most likely to say that they expected to have intercourse while in Italy (74%), while 64 per cent of 5th Army combat men indicated that they probably would. Fifth Army service troops and AAF men stood between the others on this question (68% each).

As might be expected, men who reported most sexual contact in the past are those who are most likely to say that they expect to have further contacts. Further analysis shows, too, that not all of the 27 per cent who have remained continent in Italy to date plan to remain so. In fact 25 per cent of those who have had no sexual contacts in Italy to date say that they might before they leave Italy.

The moral turmoil of some of these men who have abstained is revealed in a freely written comment by a 24-year-old soldier who has been overseas almost 3 years. He says:

"The reason I haven't as yet had intercourse is probably that it never bothered me in civilian life when school took up most of my time. I think about it a lot over here and wonder if I'm not being too prudish about it. I'd like my first time to be 'nice'. Usually lose my nerve when I feel in the mood--afraid of slopping it up. Don't shy away from it as a subject of conversation, but think I'll let it go now that I might return to the States soon. Boy, am I glad you don't ask for names!"

Others also indicate that they are growing older and feel they are missing something:

"Personally, 4 1/2 years of the Army is enough for anyone. I'd like to be a civilian and get married before it's too late."

Another man who was protesting against the Army's 'Off-limits' policy as a means of VD control added:

"'Keep it in your pants' doesn't work after two years away from home."

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2. Sexual Exposure and VD

A. Extent of VD. Fifty per cent of the men in this study report that they have had one or more VD infections sometime in their lives, with eight per cent reporting an infection since coming overseas (not necessarily Italy).

Table 2

Men reporting one or more VD infections...	Number of cases	Per cent
<u>Total overseas infected men</u>	(150)	(8.0)
Overseas only	116	6.2
Overseas and in garrison* both	10	0.5
Overseas and in civilian life	19	1.0
Overseas, garrison, and civilian life	5	0.3
<u>Total infected men prior to overseas</u>	(133)	(7.1)
Garrison only	25	1.3
Garrison and civilian life both, but not overseas	5	0.3
Civilian life only	103	5.5
Men not infected or No answer**	1583	84.9
Total	1866	100.0

\* Garrison is defined as prior to overseas assignment but while in the Army.

\*\* Less than 2 per cent of the men failed to answer the question. It cannot be assumed that these men are probably VD cases, since many of them show low levels of literacy.

Ten per cent of these men who report an infection while overseas say they have been infected while overseas more than once, with an average of about 1.2 infections per man in the group that has been infected while overseas. When the total number of overseas infections they report is converted into rates per 1000 men per annum, a rate of 57 is obtained which compares very closely with the Theater average rate of about 60 as computed from actual medical reports.<sup>a/</sup> This lends considerable confidence to the use of the present sample as being repre-

a/ The survey rate of 57 cases of VD per 1000 men per annum was obtained by reducing the total number of infections reported while overseas from a 21 month basis (which is the average - both arithmetic and median - number of months served overseas by these men) to a 12 months basis, and converting to a rate per 1000 men. The Theater VD rate of 60 is a simple arithmetic average of the rates reported for the period January 1943 through June 1945, which covers the period of overseas service for almost all of the men in the study. (No attempt was made in this study to differentiate between types of VD, nor were the men asked if they picked up several different types of VD on the occasion when they were infected.)



representative of men in the Theater, and it indicates that the men feel free to report intimate problems and attitudes under the anonymous conditions provided in this survey. A further indication of sampling adequacy is shown by the fact that men of Fifth Army report fewest VD infections, with AAF next and PBS highest. This is the same order as reported in the official medical statistics for previous months.

g. Relation of exposure to VD. It can be seen that there is approximately 4 cases of VD arising from each 1000 sexual contacts overseas (white EM only).<sup>a/</sup>

Curiously enough, those who have the least frequent sexual contacts report the most VD while overseas per 1000 exposures (Table 3):

Table 3

Frequency of intercourse in Italy...	VD infections per 1000 exposures overseas
Less than once a month (Group II)*	14
Once or twice a month (Group III)	3
Three or more times a month (Group IV)	2

(Theater average) (4)

\* Group I consists of men who have had no intercourse in Italy and is necessarily omitted.

Although the group that has most frequent contact has a lower VD rate per 1000 exposures, it is true that they have accumulated somewhat more VD while overseas (Table 3a).

Table 3a

Frequency of intercourse in Italy...	Proportion of VD infections reported while overseas*
Less than once a month (Group II)	11%
Once or twice a month (Group III)	9%
Three or more times a month (Group IV)	16%

\* Total number of times infected divided by total number of men in group.

a/ When the Theater strength of approximately 385,000 white EM during May and June (period for which most of the men were reporting frequency of sexual contact) is multiplied first by 73% (proportion that have intercourse), second by 1.75 sexual contacts per man, and then by 4 cases of VD per 1000, it is estimated that about 1970 cases of VD should appear among white EM for one month in that period. In May and June, an average of 1944 cases was actually reported by unit surgeons, which is substantial proof that both the frequency of exposure as reported by the men and the rate of 4 cases of VD per 1000 exposures are reliable.























c. Ignorance of technique for using Pro-Kit. Among men who have had intercourse in Italy, 95 per cent say they know how to use the Pro-Kit or V-Packette correctly. Men who have had VD while overseas are as likely to say they know how to use the kit as other groups. It may be that they did not learn the correct technique until after contracting VD, but this is not known.

d. Where they obtain prophylactic supplies. Three out of four men say you can get prophylactic supplies at the orderly room or dispensary if you want them, indicating that having a personal supply is generally a matter of choice. Only 12 per cent say everyone must have one before he goes on pass, as shown below

Table 9

Question: "How do the men in your outfit usually get rubbers or individual Pro-kits or V-Packettes?"

per cent saying...

You can get them at the orderly room or dispensary if you want them	75%
Everyone must have one before he goes on pass	12
Get them at a Pro Station	5
Buy them at the PX	3
Pro-Kits or V-Packettes are not available to men in my outfit	1
Don't know, or No answer	4
Total	100%

The proportions of men who say they must have a prophylactic supply before going on pass varies considerably by command with 5th Army combat troops much more likely to say a supply is prerequisite to a pass:

Table 10

per cent saying  
a supply must be  
carried

5th Army combat	28%
PBS	8%
5th Army Service	7%
AAF	2%



It is interesting to note that 5th Army combat troops, who more frequently must carry supplies, are also lowest in number of infections. However, they are also lowest in frequency of reported sexual contacts and in average length of time overseas, which bear out the suspected ineffectiveness of requiring a supply before giving a man a pass.

Evidence converges from two other angles, however, leading to a conclusion that there is a positive relation between requiring a supply when issuing a pass and superior prophylactic practices:

(1) Men who say they must carry a supply are more likely to say they always use a condom, or that they always use a Pro-Kit.

(2) When the various military units in the survey were divided into "low", "medium", and "high" VD outfits on the basis of the number of cases of VD reported by the unit surgeons for the period January - May 1945, it was apparent that:

(a) Men in units with low VD rates were more likely to say they had to carry a supply when on pass.

(b) Men in units with high VD rates were more likely to say that a supply was available if desired, or that they had to buy them in the PX.

Even if it should be true that supplies need not be bought in PX's, the fact that 3 per cent of the men in the study think that such is the only source of supply is a point of information that cannot be dismissed. Several men wrote comments that they were embarrassed to buy such supplies from the girl clerks in the PX. A program of VD control cannot afford to have any men in a position where they find prophylactic relatively unavailable, whether it be due to the PX as a source of supply or some dispensary which may be remote from the orderly room or which might require the use of precious pass time if one had to voluntarily seek it out before going on pass.

Requiring men to carry prophylactic supplies had no observable relation with the frequency with which they report sexual contacts. They have neither more nor less than those who are not required to carry a supply.

e. Finding a Pro Station. 94 per cent of the men who have intercourse say they can always or usually find a Pro Station easily in the city nearest their outfit. The great majority (83) depend on signs to point the way. These men and those who consult the Pro Station list on their unit bulletin board are especially likely to say they can easily find a Pro Station. A third group (only 8%), who depend on IF's for directions, are much less likely to say they can easily find a Pro Station. All in all, finding a Pro Station is no great problem among the men.

f. Reasons for not using condoms. The number one reason in a wide variety of reasons why men do not use condoms is that it takes the pleasure out of intercourse. In response to the question, "are there any reasons why you would not use a condom (rubber)", they say:

"Yes, most G.I. rubbers are so damn thick you can't enjoy yourself."

"Yes, because it cuts direct contact with your partner."

"Yes, they are too much trouble and I don't enjoy my money's worth."

"A condom reduces the feeling of exhilaration."

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Others discuss the condom with a variation on a wise-crack to the effect that using a rubber is like: (1) going swimming in a raincoat or overcoat, (2) washing one's feet with shoes on, or socks on, (3) taking a bath with boots on, or swimming suit on, (4) or playing the piano with gloves on.

Many men say the condom hurts or causes mechanical abrasions, for instance:

"In most cases, a condom causes sores; it's irritable, that is in a case where it's used frequently."

Another recurring complaint is that a condom and its use makes an aesthetically ugly situation. Not only the men, but some women do not want the intrusion of condom-adjusting in the situation:

"Sex isn't beautiful wearing a rubber."

"Some women won't let you use them and it happened to me."

Some men point out that they won't use them for religious reasons:

"Because it is against my religion."

"Man wasn't made in the beginning to use them."

There is a wide scattering of other reasons, such as the following.

"At times I've been refused more than one rubber at a Fire-Station."

"G.I. condoms are no good. Half of them just anyway. Try one sometime."

"Keeps my penis from getting hard enough."

"I can't go off as quick with a rubber."

"Thee comes off most of the time anyhow before I can finish my intercourse."

"Takes too much time to put on 'em."

"Too lazy."

"I wouldn't use one if I could get to a Fire Station immediately."

"A new drug is out, taken internally, which is usually effective in killing germs which cause gonorrhea; used by the Army."

"Condoms are rationed to us so you cannot get all you need at times."

At another point in the questionnaire, one man offered a point of advice for fellow soldiers and a suggestion for improving condoms:

"All men labor under the impression that if no disease (venereal) shows up within two or three weeks after intercourse, they are without disease."

I would like this fallacy to be impressed on every soldier's mind. I contracted gonorrhea from a Fire Station (10) shortly after intercourse. I think condoms should be made and furnished in smaller sizes if penis is small. If venereal disease resulted because the condom came off."

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g. Reasons for not going to Pro Station. One of the main reasons why men "would not go to a Pro Station" is because they don't think it is necessary or that a pro is futile. Typical comments are:

"I consider a condom sufficient protection. If it should break I would take a pro."

"I feel that if I catch anything drugs won't stop it any."

"I don't think it's necessary if you get out of bed and wash with plenty of soap and water and use a rubber."

Another frequently mentioned reason is that the curfew catches them short of time, especially if they are spending the night ("shack job") with the girl:

"On a shack job, curfew will not allow me on the streets after 2300 hours which is usually prior to contact."

Going into a Pro Station or lining up in front of it, causes sufficient embarrassment for some men to cause them to say they would not use a Pro Station.

"I would be ashamed to walk in one, mainly because they usually have quite a few men in them."

"I use V-pack. It is less embarrassing to me. Too much publicity to Pro Station."

Some men fear alleged consequences when Pro slips are returned to their outfits:

"Names are taken and returned to outfits, where man is due for a bust."

"In my outfit the pro slips are sent down to the Orderly Room where they may be checked on. That's bad!"

"Yes, in my outfit they look at it as if turning in a pro slip was a crime."

"They take your name and enter it on the Service Record."

Physiological reasons, whether fact or myth, are frequently offered by those who would not use a Pro Station:

"It might make you sterile."

"Because I can't take a pro, it causes a rash, prostate trouble."

"Yes, sometimes the calomel ointment severely irritates the foreskin and head of penis."

"Too many times might prove harmful."

Others object to the sanitary conditions of some Pro Stations or to the treatment they receive in them:

"If it is as unsanitary as one I saw in Rome once, run by civilian employees"

"Yes, in cases where the equipment might not be kept clean at all times."

"They don't give a damn - in Rome I had to give myself one with no assistance and didn't know correct procedure."

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Some miscellaneous reasons also given are:

"Some cases I have got my \_\_\_ chewed out when I went to the Pro Station."

"At present, yes, because this outfit will only honor their own Division pro slips."

"Sometimes it is too far."

"Because the town I usually go to has no Pro Station."

"It takes the enjoyment out of it for me."

"A pro is kind of messy."

"If I know the girl well and know she kept herself clean and I never caught anything from her."

"Nobody's business who I have had intercourse with."

h. Reasons for not using a Pro-Kit. The major reason for not using a Pro Kit or V-Packette is that a visit to the Pro Station makes them unnecessary. But among men who consent directly on Pro-Kits, there are certain sharp attitudes of dislike. Fear of self-injury looks strong at in the minds of men who don't like the Pro-Kits or V-Packettes.

"Yes, I was told by a doctor that using them will make you sterile."

"The solve that is injected up the penis causes irritation for about 4 days."

"The old type is torture. It should be discontinued."

"I don't trust the V-Packette. They usually cause a lot more injury than good."

"They burn like hell, so I would rather go to a Pro Station or the nearest medical unit."

Many of those who won't use the Pro-Kits suspect the value of the Kit as a preventative:

"How does one know when it was manufactured? It might be sour when you attempt to use it."

"Some Pro-Kits issued here have been proven ineffective because of deterioration of the contents - I would not rely on one."

"I wouldn't depend on it and would use it only as an emergency measure."

"It's a nuisance and I've heard from doctors that it is not very effective."

Some find the Pro-Kits messy and hard on their clothing:

"None, except that it is kind of messy."

"Bad on the pants."

Miscellaneous reasons, some of which are not objections to the kits but are associated, are these:

"Yes, it's against the law of God."

"In a case if I thought the girl was O.K."

"I don't use a V-Pac or take a pro because I think a rubber is sufficient"

"Because I might not do a thorough enough job of prevention."

"They are hard to obtain."



4. Reasons for not using "sulfa" pills. The men were asked, "Are there any reasons why you would not use 'Sulfa' pills (Sulfadiazine Pills) to help you keep from getting a venereal disease?" The most frequent response indicated that the men had a fear of self-medication:

"Self-treatment is never very good."

"You should only use them when a doctor orders you to use them."

Closely allied are comments to the effect that "sulfa" is a dangerous drug for various reasons, whether correct or fancied:

"Yes; they make me very sick."

"Yes, if they would make me break out like they do some soldiers."

"I don't believe they are good for your system if nothing is wrong with you."

"I would use them but in the wrong hands they can be very dangerous, can form kidney block."

"Sulfadiazine pills are very hard on the kidneys and also crystalize the bladder."

"They slow down your heart too much."

"I am allergic to them, they almost kill me."

Some men doubt the wisdom of using "sulfa" for venereal disease. They say:

"I have been told that it doesn't cure you altogether, that it only stalls it off."

"They may hide any sign of the disease."

"Sulfa pills do not prevent a venereal disease all the time."

"These pills are to be used as a cure, and not as a preventative."

Others fear that use of "sulfa" will build up an immunity to "sulfa" treatment which will be regretted:

"It is O.K. to use 'sulfa' if you aren't going into combat soon. If you go into combat after taking quite a bit of sulfa your body may not respond to sulfa treatment of a wound."

"I don't care to use them too much, because I may build up an immunity to sulfa."

Men on flying status frequently mentioned that flight surgeons restrict the use of "sulfa" for flyers:

"Only when on flying status. Pre-Statistics are directed not to give them to flying personnel."

"Not now but when we were flying, we were not permitted to use sulfa prior to high-altitude flights."

Some other comments that recurred are:

"If plenty of water wasn't available I wouldn't use them."

"I don't like to take 8 pills every time you get layed, four are all right but the 88th gives 8 of them."

"They were never given to us -- until a man actually caught it."

5. Soldier Information About VD.

Perhaps the men who expose themselves frequently are ignorant of the basic facts about VD. If such a relation can be established, the Army educational program for VD might be directed toward supplying the needed information. However, the following data indicate that the sexual habits and practices of the men cannot be traced to a lack of information of the kind tested in this survey.

a. Scores on information test. The fact is that half of the white EM got either 6 or 7 questions correct on a 7 question VD test that was included in the questionnaire. Ninety per cent of the men got at least 4 questions right. The questions, 5 of which were multiple choice and 2 free answer, are given below with the percentages of men answering correctly:

(1) "Which disease causes a yellow, creamy pus to come out of the penis?" (90% checked gonorrhea)

(2) "Which disease may cause insanity?" (89% checked syphilis)

(3) "If a condom (rubber) is used, is it also necessary to take a Pro?" (87% checked yes)

(4) "How soon should a soldier take a "Pro" after sexual intercourse for the "Pro" to do any good?" (87% wrote in either 1 or 2 hours)

(5) "Which disease causes a sore on the penis?" (88% checked syphilis)

(6) (a) "Have you heard or read about the new drug (penicillin) that is being used to treat venereal disease?"

(b) "So far as you know can it cure all cases of gonorrhea and syphilis?" (50% checked "yes" to (a) and "no" to (b), which was considered the only correct combination. It is interesting to note that another 22% of the men said that penicillin can cure all cases of VD. The remainder said they did not know.)

(7) "If a soldier is going to have sexual intercourse, why is it bad to "shack up" for all night?" (49% wrote in an answer to the effect that it's because you don't take a "Pro", or because you don't take a "Pro" in time to do any good. All other answers were considered incorrect, such as: because you're careless, excessive exposure, more likely to get VD, etc. Since some of these rejected answers, especially the answers that one exposes himself excessively to VD, have considerable merit, it can be said that the scoring was done on a rigorous basis).



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The proportion of white EM getting each number of questions correct is as follows (Table 11):

Table 11

All 7 correct	18%
6 correct	33
5 correct	29
4 correct	10
3 correct	6
2 correct	2
1 correct	1
0 correct	1
Total	<u>100%</u>

It is clear that the men have a fairly good grasp of some fundamental facts about VD. The test merely samples the total information they have about VD, it is true, for it is obvious that many other questions could be asked about how to put on or take off a condom, the contents and use of Pro-Kits, the possibility of telling uninfected girls from infected ones by mere outward inspection, etc. As far as these seven questions are a sample of the facts which the men ought to know, it can be said that the VD educational program of the Army is efficient. It is doubtful if recruits or civilian males could do nearly as well as these overseas veterans on this test, although comparable scores are not available.

b. Relation of information to frequency of intercourse and VD. It is interesting to note that:

(1) Men who expose themselves most frequently (Group IV) score as high on the information test as those who have infrequent sexual intercourse or none at all (no difference greater than 3 per cent in the proportion in each group that got 6 or all 7 answers correct).

(2) Men who have had VD overseas score at least as high as those who have not (only 2 per cent difference in the proportion getting 6 or 7 answers correct).

(3) Men in units which had relatively high VD rates for the five month period, January - May 1945, score at least as high as units that had the lowest rates (only 4 per cent difference in the proportion getting 6 or 7 answers correct).

If we take the view that the men who score as low as 0, 1, 2, or 3 are the men to worry about, and analyze the data for them, the same story emerges; the men who expose themselves frequently and those who have had VD overseas know at least as many right answers to the test as other men. If the Army wishes to change the sexual habits of its men, pouring more information about VD into them does not seem to be the answer.

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c. Relation of information scores to specific sex habits or practices.

Although information scores and frequency of intercourse or VD overseas show no direct relations, it is possible that certain specific habits or practices are tied to lack of knowledge.

"Shacking up" all night, for instance, is a practice that is said by medical authorities to be a source of excessive VD. This is due to the fact that many of the men do not take a Pro or fail to take it soon enough after the exposures, which may be multiple. Their answers to a specific question on "Shacking up" show that one man in three among those who have intercourse in Italy say that they sometimes or usually "Shack up" all night (Table 12):

Table 12

Question: "When you have sexual intercourse with a girl over here, do you usually "shack up" all night, or just stay for a short time?"

Per cent saying they...	Among those who have had intercourse in Italy*
Usually "shack up" all night	8%
Sometimes "shack up" all night, sometimes just stay a short time	25
Usually stay just a short time	67
Total	100%

\* 73 per cent of the total

Men who know all the answers, including the one on the folly of "shacking up", are just about as likely to "shack up" as the men who didn't know the answer as shown in Table 13:

Table 13

Per cent getting...	Among men who...	
	"Sometimes" or "usually shack up"	"Usually stay just a short time"
All 7 answers correct	18%	19%
6 correct	31	30
5 correct	36	33
0 - 4 correct	15	18
Total	100%	100%



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One of those men who says that he "shacks up" and who has a perfect information-test score explains his thinking on the matter and offers his solution:

"A man is going to have sexual intercourse regardless of price or danger to health, and at least half of the men in Service Companies have 'Shack jobs'. My opinion is that no Italian girl is going to be true to one G.I. A man after he has been with a woman so long, will disregard all precautions. In other words he thinks he's got her 'sowed up.' He forgets the rubber and Pro and just lies there and lets it soak. In the meantime while he is working she is doing the same thing with others, GIs probably as well as civilians; soon he has VD and wonders how he got it. My suggestion is as long as a G.I. is going to have his woman why can't the Army have regular doctors where he can have her examined once a day or as often as needed."

In like manner it can be shown that those who score lowest and those who score highest are about equally likely to say:

- (1) That they always or usually use a condom.
- (2) That they always or usually go to a Pro-Station
- (3) That they always or usually use a Pro-Kit.

At first glance, there is something extremely discouraging about the data information just presented. If men who know the most and men who know the least go out equally frequently in search of intercourse, and if those who know the most do not have better prophylactic practices than those who know the least, it might look as though the educational program about VD has been a waste of time and effort. Such a conclusion, however, is not warranted for several reasons.

(1) To be conclusive, such a statement would need to be based on a controlled experiment. Suppose, for example, it were possible to take two similar infantry divisions, give one the Army's VD educational program and give the other nothing. If both divisions saw the same kind of service in the same human population (say central Italy), then differences in VD rates would be indeed traceable to differences in the effect of the educational program, unless it could be shown that other factors were intruding.

(2) It is quite likely that the facts of prophylactic procedures are simple that almost any man who is intelligent enough to be in the Army can grasp the techniques - "wear a rubber; take a Pro" - and know when to use them. At the same time they may not be able to tell equally well why they do what they do. (It is true that men with a better education made higher scores on the information test.) But because the techniques are simple and because they have been taught over and over again in the Army, with tales of dire personal consequences for failure to heed, the failure of some men to use prophylactic procedures cannot be traced to lack of basic information.

6. Attitudes Toward The VD Educational Program

An important problem arises as to whether the men are weary of the constant lecturing on VD. Perhaps certain important groups, such as those who have frequent intercourse or who have had VD think the present program is ineffective in some way. It is possible that the men want certain information which they are not getting. These problems are discussed in this section.

a. Attitudes toward VD talks or movies. The majority of men endorse the VD educational program. They say that the last talk or movie was very good or fairly good, even though 83 per cent of these white EM have been in the Army 2 years or more and have surely seen or heard the material many times over. The two questions used to sound out indifference or dislike of the Army VD program are shown in Table 14:

Table 14

Question: "What do you think of the last movie you saw on sex hygiene and venereal disease?"

"What do you think of the last talk or lecture you heard on sex hygiene and venereal disease?"

Proportion saying...	<u>Movie</u>	<u>Talk or Lecture</u>
Very good	44%	36%
Fairly good	27	30
So-so	17	20
Fairly poor	1	3
Very poor	5	6
I don't remember, or No answer	6	5
Total	100%	100%

The two forms of presenting VD material are about equally well liked by all the men in the study. Analysis by sub-groups shows no important difference in reaction among those who have frequent intercourse, infrequent intercourse, or no intercourse at all in Italy. The group that has no intercourse (Group I) is interesting in this respect, since from one point of view, they do not need VD lectures at all. Perhaps the movies and talks serve to reinforce their decision to remain continent.

Some men volunteered comments for improving VD talks:

"Keep up short and to-the-point talks on VD by very good doctors for education on the subject."

"I have heard only one interesting VD lecture since I've been in the Army. All the shows, pictures, and other lectures were terrible. All they do is take the worst cases and try to scare the hell out of the fellows. This one lecture was given by a Captain of the Medics and he told us actual facts about the average run of cases. The whole company was enthused over his lecture."



"The danger of VD is not expressed deeply enough. Every soldier gets tired of a dry lecture about VD after has heard two or more. The lectures we hear are by officers that aren't well educated on the subject. More movie on every-day cases and less demonstrations on how to use a condom."

b. Frequency of talks or movies on VD. The great majority (93%) of the men report that they are still hearing talks or seeing movies on VD every 6 months. (It may be that some of the 7 per cent who report no movie or talks in the last 6 months have forgotten about it.) At least 20 per cent of these men say they see a movie or hear a talk not less than once a month (Table 15):

Table 15

Question: "During the past 6 months, how many movies on sex hygiene and venereal diseases have you seen?"

"During the past 6 months, how many talks by officers or noncoms have you heard about venereal diseases?"

Proportion saying...	<u>Movie</u>	<u>Talks</u>
None	25%	10%
One or two	51	43
Three to five	17	27
Six or more	6	20
No answer	1	*
Total	100%	100%

\* Less than half of 1 per cent

While the majority approve of movies and talks on VD, there is always a danger of dwelling on the subject too much. A few men volunteered comments indicating this, but they are not at all common:

"Another criticism I have is that there's too much talk on VD and I believe it's driving the men so they don't give a damn. Shouldn't harp on VD so often.

"When you speak of VD then you get my dander up. In the first place you toss it at us every so often and as if we were a bunch of kids. Some of the officers hand you the same old crap time and time again. Making the act of intercourse d stolen sweet. Hell, two of the times I knocked off a link was because of that. I believe if you could lay out a program and use it correctly once you could get your point over a lot better. Make the men see it isn't smart or necessary, but don't harp on the subject all the time."

c. Talks, movies and information scores. It might be suspected that those men who made the best scores on the VD information test had been exposed to more talks and films in recent months, or that they like them better. However:

(1) Men who make the best scores on the VD information test have not seen more films or heard more talks on VD in the last 6 months than other men.

(2) Men who make the best scores on the VD information test are not more likely than other men to say the talks or films are very good. It seems unlikely that scores can be improved appreciably at this stage of the men's Army careers by movies and talks given more frequently than once every 6 months.

d. Talks, movies, and frequency of intercourse. There is no evidence that frequent talks and movies about VD cut down the number of sexual exposures on the part of these overseas men. If anything, there was some evidence to show that those men who see the most VD movies are more likely to be the men who have the most sexual contact (Table 16):

Table 16

Frequency of intercourse...  
three or  
more times  
a month

Number of VD movies seen  
in last six months\*

	None in Italy	Twice a month or less	
None	30	55	15
One	28	55	17
Two	25	56	19
Three or more	24	52	24

\* Since fewer than one-half of one per cent of all men in the study have been overseas less than 3 months, the possibility that a lot of men have not had a chance to see films can be ignored. (Only a total of 5 per cent have been in Italy less than 6 months.)





















Table 25

Frequency of inter- course in Italy ...	Less than 8 grades 100%	Graduate 8 grade 100%	Some high school 100%	High school graduate 100%	All college men 100%
I. None at all	20	26	22	31	36
II. Less than once a month	22	17	18	26	19
III. Once or twice a month	36	36	39	28	30
IV. Three or more times a month	22	21	21	15	15

Similar analysis shows that 20 per cent of grade school non-graduates say they have had VD at sometime in their life, while only 10 per cent of the men who attended college have been infected. Since being overseas, the percentages reduce to 9 per cent and 5 per cent respectively. VD figures for men on other educational levels lie between these extremes.

d. Age. Half of the white EM in this study were under 26 years of age, and half were age 26 or older. a/ The older men are clearly less likely to seek intercourse overseas:

Table 26

Frequency of intercourse in Italy ...	Ages			
	Under 25	25 - 29	30 - 34	Over 34
	100%	100%	100%	100%
I. None at all	24	28	29	36
II. Less than once a month	20	22	21	21
III. Once or twice a month	36	31	34	31
IV. Three or more times a month	20	19	16	12

a/ This compares favorably with the median age of 26.7 years for men in the Theater, as computed from sample statistics of the AGO. The arithmetic average for men in this study is 26.7 years.

Men in the youngest group are more likely to say they have never had VD in their lifetime than are men in the oldest group (88% versus 74%). Other age groups lie uniformly between these extremes. Since coming overseas, however, the older men are just as likely to report VD as the younger men, which is not to be expected because the older men (1) have less frequent intercourse and, (2) are also more likely to be married, and married men have less frequent intercourse overseas.

The explanation lies in the fact that these older men have been overseas a greater average length of time. They have been exposed to VD, therefore, sufficiently more frequently than younger men to wipe out the expected difference in VD between younger and older men. When time overseas is held constant, the fact reappears that younger men in Italy have run up the VD rate disproportionately (Table 27):

Table 27

	Proportion reporting VD overseas among men overseas 2 years or more
Age 24 or under	17%
Ages 25 - 29	13%
Ages 30 and up	8%

e. Place of residence. The size of the communities in which the soldiers were living during the 5 years previous to entering the Army is not significantly related to frequency of sexual intercourse or venereal infections. That is, men from rural communities are not greatly different from men from small, medium, or large towns or cities in their reported sexual behavior while overseas.

A similar analysis by state in which the soldier resided for most of the 5 years previous to entering the Army shows some difference between Northerners and Southerners in the percentage who have remained continent in Italy (North, 29%, South, 20%) with Westerners midway between (25%). This difference between North and South cannot be explained on the basis of rurality, as shown in the preceding paragraph, but it might be traceable to differences in education, age, or marital status rather than to an assumption that men from the different areas of the United States have fundamentally different attitudes toward sexual behavior.



f. Time overseas. Half of the soldiers in the survey had been overseas less than 21 months, and half over 21 months. a/ The average man had been in the Army almost exactly a year more than that (a total of 33 months). b/ As would be expected, men who have been overseas the longest (and 38 per cent have been overseas for 2 years or more) were much more likely to say that they have had intercourse in Italy. It is important to note that the sexual behavior pattern, as shown in the first bar below (Table 28), is not simply that of abstaining for a few months and then breaking one's record with a single incident. Instead, wide differences in frequency of intercourse appear almost immediately. Then the proportion of men who have abstained gradually drops to 19 per cent, and the average number of sexual contacts among those who are having intercourse increases. There appears to be little change in sexual behavior after two years:

Table 28

Frequency of inter- course in Italy ...	Less than 6 mo. *	6 mo up to 1 yr	1 yr up to 2 yr	2 yr up to 3 yr	3 yr and up
	100%	100%	100%	100%	100%
I. None at all	52	46	25	19	19
II. Less than once a month	14	16	19	25	26
III. Once or twice a month	25 9	26	36	35	32
IV. Three or more times a month		12	20	21	23

\* Finer breakdown not advisable, since only 28 men (5%) in this sample were overseas less than 6 months.

VD infections rise directly with time overseas, as might be expected. Only 2 per cent of the men who have been overseas less than a year have been infected while overseas, but 13 per cent of those who have been overseas 2 years or more have been infected while in the Theater. The men uniformly report the same amount (7%) of infection as the result of civilian or garrison life. It is continued presence in an overseas Theater that makes the striking difference (11%) in the proportion now reporting that they have been infected sometime in their life.

a/ 21 months is both the median average and the arithmetic mean, and corresponds almost exactly with available AGO sample statistics.

b/ 33 months is the median, and about 34 months is the arithmetic average for total time in the Army.

The men sometimes commented on the progressive breakdown of morale so far as sex is concerned:

"I'm getting so I don't care about anything. I used to keep away from the whores but what with nothing to look forward to I don't give a damn."

"The V.D. rate in this outfit seems to have increased proportionately to its length of time overseas. I have heard many men comment that they would stay away from these Italian women if they just knew 'How much longer'."

"I will soon have been married 6 years. Up until 9 months ago when I came overseas never had I had intercourse with any woman other than my wife since I married her. When an older married man is in the same tent with a bunch of unmarried boys that are going out most of the time, it puts him in a bad frame of mind."

g. Rank or grade. There is a slight relation between Army rank or grade and frequency of intercourse, with the upper grades of EM reporting less frequent intercourse and slightly less VD. a/ While 25 per cent of Privates or Pfc's report complete sexual abstinence in Italy, 27 per cent of corporals and 31 per cent of Sergeants (any grade) say they abstain.

Sergeants report slightly less VD while overseas than other grades which is consistent with their slightly lower exposure rate. The fact that the average sergeant has been in the Theater longer than men in other grades makes their exposure and VD record look even better.

h. Combat. Combat men are not different from non-combat men in the amount of sexual contacts they report for the three months just prior to the study. b/ Combat men report slightly less VD while overseas which is probably a reflection of restricted sexual contacts while in combat and a somewhat shorter length of service in the Theater. There is no difference between the amount of VD reported by the two groups prior to overseas shipment.

Fifty-six per cent of the men had been in combat, according to their answers to the question, "Have you been in actual combat in this war? (that is, have you had a job which kept you regularly within the range of enemy artillery?)."

a/ In this sample, 47% of the men were Privates or Pfc's, 23% were Corporals or T/5, and 30 per cent Sergeants (any grade) or T/3, T/4. This compares very closely with sample statistics reported by AGO for rank or grade (49%, 22%, 29% respectively).

b/ Most of the questionnaires were completed during July 1945. All combat in the Theater had ceased on 2 May.



## 8. Some Personality Factors and Their Relations to Sexual Exposure

Certain other aspects of a man's personality are either known or thought to be associated with his tendencies to seek sexual expression and the related problem of VD. The use of liquor is one of them; practically all Army movies and talks on VD discuss this factor.

The accepted program of education also dwells on the dangers of VD because of possible consequences to a man's loved ones or because of personal consequences. The "fear" theme is regularly used in driving the lessons of VD home with the hope that the man will link together abstinence and other deep-seated attitudes.

A third problem in personality is that of emotional security. It's generally thought that a man who knows a girl is waiting for him somewhere will be true to her; he will not seek outlets with other women. Army life overseas wrecks these old emotional ties when it takes a man away from his wife or sweetheart, and leaves him with a set of memories and occasional letters. In its place, he has new dangers and lots of frustration and uncertainty.

These three factors and certain others are discussed in this section. The reactions and attitudes of the soldiers on these questions should prove helpful specifically to those who plan anti-VD campaigns, and generally to those who want to know some of the ramifications of the whole problem of sexual intercourse.

a. Expectation of marriage and frequency of intercourse overseas.  
Forty-two per cent of the men say they left a girl behind them in the States whom they expected to marry after the war, 28 per cent say they did not, and the remainder are married (30%).

Of the men who say they left a girl behind whom they expect to marry, half feel that she has stayed loyal to them and half express doubts (Table 29):

Table 29

Question: "So far as you know, has she stayed loyal to you?"

Proportion saying...	Among men who left a girl behind
Yes, I am sure she has stayed loyal	51%
Yes, I think she has stayed loyal, but I'm not sure	18%
No, I <u>don't</u> think she has stayed loyal, but I'm not sure	5%
No, I'm sure she has <u>not</u> stayed loyal	14%
Undecided	9%
No answer	3%
Total	100%

Men who express any degree of doubt as to the loyalty of the girl they expect to marry are more likely to say that they have had intercourse in Italy, as shown in the following table (Table 30). Whether a man's doubts as to his sweetheart's loyalty precipitates illicit sexual contacts on his part cannot be determined from these data. It is quite possible that this is true, but it is also possible that feelings of guilt about his own conduct leads a man to rationalize this conduct by saying that his sweetheart is probably not remaining loyal either.

Table 30

Frequency of intercourse in Italy...	Among unmarried men who...		
	Did not leave a girl behind 100%	Are sure their girl stayed loyal 100%	Express any degree of doubt 100%
I. None at all	23	25	14
II. Less than once a month	19	24	24
III. Once or twice a month	36	35	36
IV. Three or more times a month	22	16	26
(Proportion of all men in Theater*)	(28%)	(22%)	(20%)

\* The remaining 30% are married.

More difficult to understand is the group (22 per cent of all men in the Theater) who are sure their sweethearts have stayed loyal. As shown in the chart, a total of 75 per cent of this group frankly say that they have had intercourse in Italy. One of these men, regardless of his own behavior, shows his fears about his sweetheart, even though he says he is sure she has stayed loyal, when he volunteers this comment:

"The Army gives us plenty of beautiful posters and interesting movies on sex and how to avoid diseases and why we should not indulge in sexual intercourse --NOW-- How about producing some really good shorts on the same stuff to show our wives and sweethearts back in the states? Print a series of impressive posters that people back home will see everytime they turn a corner -- posters and movies about staying true and faithful to their men overseas. Have some good speakers (not ministers) to tour various cities and towns and speak on how we need their trueness."



There is some evidence, then, that a feeling of sureness in the loyalty of one's sweetheart is connected with less sexual exposure in Italy, but this well-known "loyalty" theme as an explanation of why some men have intercourse while others do not is far from accounting for the different kinds of sexual behavior reported by the men themselves in this Theater.

b. Relation of liquor to sexual exposure. Only 9 per cent of the men say they haven't drunk any wine or liquor at all since being in Italy. Therefore, the problem of liquor and its alleged close association with bad prophylactic practices involves about 90 per cent of the white EM in Italy.

It is obvious from the next chart that men who rate themselves as bigger drinkers than most soldiers are also much more likely to report frequent sexual contacts or exposures. Conversely the non-drinker is strikingly more likely to say that he abstains from intercourse, also. Thus, it seems that one behavior is a pretty good predictor of the other (Table 31):

Table 31.

Frequency of intercourse in Italy...	Amount of drinking in Italy*				
	None at all	A lot less than most men	A little less than most men	About the same as most men	More than most men
	100%	100%	100%	100%	100%
I. None at all	62	33	25	15	13
II. Less than once a month	10	26	20	21	16
III. Once or twice a month	17				
IV. Three or more times a month	11	28	39	39	43
		13	16	25	28
(Proportion of all men in Theater*)	(9%)	(35%)	(17%)	(27%)	(11%)

\* 1% did not answer this question.

Answers to another question also reveal the relation between drinking and intercourse, for almost 50 per cent of the men say they usually or about half the time have a couple of drinks just prior to intercourse (Table 32). Data from this study cannot be construed to mean that because a man drinks he therefore has intercourse, or that wiping out liquor would reduce appreciably the number who have illicit intercourse. It is quite as likely that the desire for intercourse may lead to drinking, or that the "desire for drink - desire for intercourse" pattern of behavior is a circular one, with each motivation reinforcing the other. The figures can be used, however, to indicate the extent to which the two problems are connected:

Table 32

Question: "When you have intercourse over here, do you usually have a couple of drinks first?"

Proportion saying...	Among men who have had intercourse in Italy
Yes, I usually have a couple of drinks first	25%
About half the time, I have a couple of drinks first	23%
No, I hardly ever drink before having sexual intercourse	30%
No, I never drink before having sexual intercourse	22%
Total	100%

The "drinking-intercourse pattern" is directly associated with higher VD rates since coming overseas; and, interestingly enough, prior to coming overseas also (Table 33):

Table 33

Proportion reporting VD infections...	Among men who say they...			
	Never drink before intercourse	Hardly ever drink before intercourse	Drink about half the time before intercourse	Usually drink before intercourse
Overseas (some had been infected previously)	6%	10%	12%	15%
In civilian or garrison life; not overseas	5%	5%	10%	13%
At no time	89%	85%	78%	72%
Total	100%	100%	100%	100%



It is generally assumed that the drinking soldier presents a special problem in the control of VD because he is unable properly to apply the prophylactic knowledge that he has. Some outfits assume that all men who show signs of intoxication have been exposed and take steps accordingly. As one man put it:

"In this outfit a man that comes in drunk is given a pro whether he likes it or not. The men that have sexual intercourse, if they are men at all, will take the proper precautions, but not drunks."

Undoubtedly there is much truth in this, yet there is evidence to suggest that men who usually drink before intercourse or who do so about half the time have somewhat poorer prophylactic practices to begin with than do men who never or hardly ever drink before intercourse. The following table shows whether heavy or light drinkers are more likely to have the best prophylactic practices:

Table 34

Some related prophylactic problems; proportion of men saying they...	Drinking habits before intercourse			
	Never drink	Hardly ever drink	Drink about half the time	Usually drink
Always use a condom	81%	77%	68%	71%
Always go to a Pro-Station	58%	51%	38%	47%
Always use a Pro-Kit	33%	26%	13%	27%
Never "snack up" for a night	77%	73%	58%	63%

The differences are not large, but they are significant both in a statistical sense and in the sense that any group of men that fails to apply prophylaxis perfectly is paving the way to high VD rates. The two groups that drink most are consistently below the two groups that drink least in the proportion saying they always follow any given prophylactic "must".

The significant findings on the relation of liquor to the VD problem can be summarized thus:

- (1) 9 out of 10 men in Italy drink liquor or wine
- (2) They are much more likely to be the men who have sexual intercourse

(3) It is not clear from this study whether men who want sexual intercourse take a few drinks to release inhibitions so that they can achieve their sexual goal, or whether the liquor stimulates sexual behavior. (The present study did not attempt to solve this riddle.)

(4) The present study does show a close relation between the two, and it shows that VD rates are much higher for men who say they usually or frequently drink prior to intercourse. Of course, men who don't drink at all report a share of the VD in the Theater.

(5) The data indicate that men who drink have a poorer set of prophylactic practices to begin with. Therefore, it is not just the matter of drinking which should concern those who direct VD control programs, but also the problem of why it is that men who drink are also those who don't care as much about prophylaxis.

c. Fears about contracting VD. The men split almost exactly into thirds on the question, "How much do you worry about getting a venereal disease?" A third say they worry a lot, a third worry about it somewhat, and a third do not worry about it at all.

As can be expected in view of their record, those who say they are completely content worry least of all about VD (Table 35):

Frequency of intercourse in Italy...	Proportion that worry "a lot" or "somewhat" about getting VD
None at all	25%
Less than once a month	84%
Once or twice a month	86%
Three or more times a month	78%

Having been "burned" by VD overseas has but little sobering effect on these men. Eighty-seven per cent of them say they worry about contracting VD "somewhat" or "a lot", which is about the same proportion as was true for men who have not been infected but who have intercourse in Italy.

Fear of passing on VD to someone a man loves seems to be the biggest deterrent, according to men's answer to the question:



Table 36

Question: "What is the main reason why you yourself want to keep from getting a venereal disease?"

If I caught one I might give it later on to someone I love	53%
A venereal disease can ruin your health permanently	34
I would be ashamed to have a venereal disease	6
Having a venereal disease is painful and a nuisance	3
I'd get busted or punished if I caught a venereal disease	1
Other, and No answer	3
Total	100%

Men who have remained continent are different from men who have most intercourse in two principal ways:

- (1) They are more likely to fear infecting a loved one
- (2) They are more likely to say they would be ashamed to catch VD.

The group that has most intercourse is the only group that places first the reason, "a venereal disease can ruin your health permanently", which indicates that this group is less characterized by fear of social consequences than it is by personal ones.

There is one score upon which the vast majority of men agree, regardless of their own sexual practices in Italy. About 90 per cent of them say that it is always or usually a man's own fault if he gets VD. Men who have had VD overseas likewise say it is a man's own fault if he gets it. Since many of these men may have acquired VD at a time when they thought they were using prophylactic procedures correctly, their answers are given completely for inspection. Apparently some of the men think it was not a matter of carelessness (Table 37):

Table 37

Question: "Do you think it is a man's own fault if he gets a venereal disease?"

	Theater Average	Among men who have...		
		Had VD overseas	Had VD in civilian or garrison life	Never had VD
It <u>always</u> is his fault	45%	50%	47%	45%
It <u>usually</u> is his fault	43	40	35	44
It is his fault <u>about half the time</u>	9	7	11	9
It <u>usually isn't</u> his fault	2	3	3	1
It <u>almost never</u> is his fault	*	-	3	*
No answer	1	-	1	1
	100%	100%	100%	100%

\* Less than half of one per cent.

d. Fromage of intercourse and certain unrelated factors.

Although the following seven questions have frequently proved of real service in the analysis of other problems in soldier attitudes and morale, none served to differentiate between men who report no sexual intercourse in Italy and those who have intercourse with varying degrees of frequency. a/ It was thought, for instance, that men who fail to get along with other people, or who don't like their jobs might compensate by frequent sexual contacts, that men who are generally disheartened or, who feel physically below par might be less aggressive (or more aggressive?) sexually, and that men who are bored in their free time might be those who have most sexual contact.

The seven questions, each of which had an appropriate check list, that were used to test these notions, are as follows:

- (1) "Do you like to work with the other fellows in your company?"
- (2) "Do you consider your own present job or duty in the Army an important one in the war effort?"
- (3) "How satisfied are you about being in your present Army job instead of some other Army job?"
- (4) "How would you say people you know feel about you?"
- (5) "In general, how would you say you feel most of the time, in good spirits or in low spirits?"
- (6) "In general, how would you say your health is?"
- (7) "Can you find interesting things to do in your off-duty free time?"

Although these questions, dealing with personal frustration (whether on or off the job), social rejection, and feelings of psychological and physical well-being proved non-differentiating with regard to sexual behavior, this in no way should deny the wisdom or suitability of other approaches or of extended questioning in these areas. The present questionnaire was sufficiently long (77 questions) to preclude further penetration into these areas at this time.

a/ These questions do differentiate between men of different commands in this study. They show that men in the Air Forces, for instance, have highest job satisfaction, men in PBS say they are in poorest health, etc.



## 9. Selected Army Attitudes In Relation To VD Problem

There are certain attitudes held by the men toward Army practices, policies, and situations which are relevant to the problem of controlling VD. If men do not disapprove of a fellow soldier who becomes infected and if they think he should not be punished even for repeated offenses, then Army Administrators lack the backing of soldier opinion in fighting VD. These questions are discussed in this section.

The problems of passes and diversionary activities are also discussed. What do the men think of the present pass situation? Do they have enough wholesome diversion? More important, do they want to be diverted from women?

a. Attitudes toward AWOL and going on sick call. Certain parts of the data in this study support the Army's viewpoint that men who abstain from intercourse, and therefore who have lower VD rates, are men with better general attitudes or morale. Although this was not true with regard to satisfaction with one's Army job, getting along with other fellows in the company, and a general feeling of well-being, it is true with regard to attitudes toward going on sick call unnecessarily, going AWOL, and contracting VD.

First of all, note that while the majority of men say they dislike a fellow who goes on sick call unnecessarily or who goes AWOL, sizeable minorities do not disapprove of these practices (Table 38):

Table 38

Question: "How do you feel about a soldier in your outfit who tries to get out of doing his job by going on sick call when he doesn't really need to?"  
 "How do you feel about a soldier in your outfit who goes AWOL?"

Proportion saying...	Goes on sick call unnecessarily	Goes AWOL
I don't have any use for a fellow who would do that	62%	53%
It doesn't make any difference to me one way or the other	18	22
It's OK with me, if he can get away with it	15	12
Something else - What?*	4	12
No answer	1	1
Total	100%	100%

\* Most men in this category offered qualified answers of the sort, "It depends on the circumstances."

It is clear from the following table that men who have most frequent sexual intercourse are also more likely to have attitudes of tolerance toward the man who goes on sick call unnecessarily or who goes AWOL (Table 39):

Table 39

Frequency of intercourse in Italy...	Proportion saying they have no use for a man who...	
	Goes on sick call unnecessarily	Goes AWOL
I. None at all	72%	63%
II. Less than once a month	66%	57%
III. Once or twice a month	58%	50%
IV. Three or more times a month	49%	44%

The great majority of men show considerable tolerance toward a man who contracts VD. Close to 70 per cent say they would hold it against a man for contracting VD only if he didn't go on sick call, and another 15 per cent say they would not hold it against him even if he didn't go on sick call right away. Only the remaining 15 per cent show sharp attitudes of disapproval, saying they would hold it against him whether or not he went on sick call right away.

Once again men who have had no intercourse in Italy are more likely to take the stern attitude of disapproval (24%), while only 10 per cent of men who have most frequent intercourse say they would hold it against him whether or not the man went on sick call.

b. Why men would not go on sick call. The men were asked to give freely any reasons they might have for not wanting to go on sick call if they thought they had caught a venereal disease. Very few of the men wrote in any reason whatsoever; so few that this reaction suggests strongly that the majority would go on sick call if they thought they were infected.

The most common reason written in by those who wrote anything at all involved pride and shame, and perhaps fear of consequences. Typical remarks of this sort are:

"It would be embarrassing as hell."

"Everyone would know it and most likely you would be 'cast away' from your buddies."

"Personal pride perhaps and maybe even fear of the consequences."

"Sick call in Squadron is too personal - would suggest reporting to dispensary and not informing CO of the nature of disease."



The next most common remark was about fear of consequences, not only to self but occasionally to one's buddies:

"Yes, to keep from being punished by my CO."

"Yes, I would be questioned about place of contact and might be busted if out of bounds."

"If I thought I could get cured by other ways I would never go on sick call, as a court martial is put on one's service record."

"Yes, we were told we'd be the last to get a chance to go home."

"Yes, because they would want to treat me like a damn dog if they thought I had a venereal disease."

"I have been punished without warning; embarrassed, publicized, and stripes taken away."

"The outfit may be restricted for a long time if the VD rate went up in the company."

c. Company punishment for VD. The matter of punishment was specifically raised elsewhere in the questionnaire, and 32 per cent of the men said yes in response to the question, "If a soldier in your outfit catches a venereal disease and goes on sick call right away, does he lose any privileges -- is he punished in any way?" An additional 51 per cent said no, and 17 per cent indicated that they didn't know.

The men are evenly split on the question, "Do you think a soldier who gets a venereal disease more than once should be punished?" Forty-eight per cent were against punishment, and 47 per cent in favor, with 5 per cent failing to answer the question.

Men who have had VD overseas split about 2 to 1 against punishment for recurrent infections (65% vs 34%). Men who have most frequent intercourse likewise tend to vote against punishment (61% vs 37%). At the other extreme, a slight majority of the men who have had no intercourse in Italy vote in favor of punishment (52% vs 40%, with 8% not voting).

The men were asked, "How should he be punished?" if he should be punished at all. Practically all men who said punishment was in order wrote a free comment about the type of punishment they thought suitable. The typical comments given below are divided into 3 groups for convenience: I. Frequently mentioned punishments, II. Punishments mentioned occasionally, III. Punishments mentioned by a few.

#### I. Frequently mentioned punishments:

"Restricted to end of war."

"Severe restrictions on personal privileges -- assigned to duty in a VD ward."







On another question, 21 per cent of the men said they stayed all night in an Italian house, apartment, or hotel the last time they were on overnight pass. As might be expected, the group that has most intercourse is the group that is most likely to stay in Italian residences.

It seems clear, then, that merely getting to town itself is not associated with highly frequent intercourse. Men who request and obtain overnight passes, however, are much more likely to be those who have frequent intercourse, and it seems fair to conclude that they are more likely to "shack up" for the night.

The problem of what men do on pass was also approached from another angle - by asking the men to write freely an answer to the question, "What do you usually do when you go on a pass? (Please tell us as fully as you can)." About 90 per cent of the men wrote an answer to this question, and the average man mentioned at least two things which he does usually when on a pass.

A total of 31 per cent of the remarks indicated that the men who wrote them usually seek a woman as a main activity when on pass:

14% indicate they definitely have intercourse.

13% indicate they try to find a woman, but do not imply they always succeed.

4% say they have a "date", which may or may not indicate intercourse.

An even larger number of remarks, 40 per cent, are about searching for liquor of some kind, perhaps going to a night club to get it. (It should be noted again that the same individual could be included in both totals - looking for liquor and for a woman). The complete classification of things the men say they usually do on a pass follows (Table 40):

Table 40

	Percent of men writing this type of comment
Look for a woman	31%
Look for liquor	40
Go to movies, opera, shows	40
Go to Red Cross club	24
Go on sight-seeing tour	24
Walk around town	24
Watch or participate in recreational activities of athletic type	20
Visit friends, old outfit, Italian families	4
Look for a place to eat, GI or Italian	2
Miscellaneous	4
No answer	10
Total	223%*

\* The percentages add to more than 100 because the men could list any number of activities.



There are some immense differences between the various groups by frequency of intercourse. Two per cent of men who have remained continent in Italy say they seek female companionship; in the highest frequency of intercourse group (Group IV), 63 per cent say they look for a woman. This latter group is more than twice as likely to say they look for liquor, also.

Some of the items where the differences between groups are large have been selected for the following table (Table 41):

Table 41

Proportion saying they usually...	Among men whose frequency of intercourse while in Italy is%..			
	None at all Group I	Less than once a month Group II	Once or twice a month Group III	Three or more times a month Group IV
Look for a woman	2%	17%	45%	63%
Look for some liquor	24	39	47	52
Go to movies, opera, shows	43	45	36	34
Go on sight-seeing tour	33	25	20	18
Walk around town	33	25	21	15
Go to Red Cross club	32	31	20	12

\* Each column totals more than 100 per cent because the men could list any number of activities.

It is quite likely that more frequent passes will simply mean more frequent attempts at sexual contacts for men who say that looking for a woman is what they usually do when on a pass (men in Group IV). Their behavior on pass seems clear enough; they are not primarily interested in the Red Cross Club, sight-seeing tour, or walking around town. They have a purpose - women and liquor, then movies or shows. At this point, it seems indeed questionable that bigger and better clubs would divert these men, although they might indeed aid the man who has no definite purpose in mind like the one who wrote this comment:

"More things to keep one's self occupied while off duty would keep one's mind more at ease and less would he think of the opposite sex. One cannot find anything to do and he finally comes to the conclusion that a piece and a pro will take up a couple of hours of his time."

e. Diversionary facilities. From the point of view of VD control, bars for the men either in the company or "on limits" in town, dances, restaurants in towns, clubs, etc., are diversionary. That is they keep the man occupied in what is considered a less objectionable way, if not a "wholesome" way. Several questions were included to sound out what facilities were or were not available and what connection this might have with frequency of intercourse.





"Still we are confronted with the woman problem. The absence of women naturally makes the average soldier more conscious of them and after brooding for awhile seeks release by going to a whore. Soldiers do not have the opportunity to meet the better class Italian women under the present setup. I believe the Red Cross could help this situation a great deal by having parties, dances, and so on, and inviting respectable girls to participate in the activities."

The data collected here do not support such a conclusion, however. First, it should be noted that a third of the men have dances or parties at least once a week, another third say they have had none in the last three months, and the remaining third indicate that they have had just a few dances or parties in the last three months. However, the group that says the men in their outfit can go to a dance at least once a week contains just as many, in fact slightly more, men who have very frequent intercourse. The group that has no dances or parties and the intermediate group are not different in the frequency of reported intercourse.

A question on the nationality of the girls at the dances or parties fails to show any relation to frequency of sexual intercourse because there are apparently almost no dances which are restricted exclusively to American or English girls (1%). This makes comparisons impossible. Seventy-eight per cent of the men who are in outfits that have dances say that only Italian girls attend the dances (or parties). The remaining 21 per cent say that a mixture of Italian, American, and English girls are in attendance.

The data of this study do not permit any interpretation as to whether the type of girls who attend soldier dances is more or less free of VD than the type the soldier picks up in other ways. If it were true that these girls had less VD, then from the viewpoint of VD control, it would be wise to press this part of the diversionary program. As has been indicated, however, this would not reduce frequency of sexual intercourse.

It is quite possible, too, that men who have infrequent intercourse (Groups II and III) might especially be content with mere female companionship of the type provided by more frequent dances with selected, better-class girls, but this is conjecture so far as the data of this study are concerned.

f. That men want most to help enjoy off-duty time. A selected list of items was presented to the men containing activities of a diversionary sort, and they were invited to check only two of the things they want most to help them enjoy off-duty time.

No one activity received an overwhelming vote, which indicates that the men's needs are being met at least partially on almost every item. The needs that get the votes of at least 20 per cent of the men are for more tours to famous places and for more USO shows:





It is clear that men who have frequent intercourse want activities that throw them into contact with women or at least set the stage for such contacts. They do not want to be diverted. It is the groups that already are diverting themselves that favor a better diversionary program and for whom a carefully planned diversionary program may yield biggest results in VD control. Lacking adequate diversion, these men may find it easy to "kill a few hours" with a woman, with its risk of VD.

The fact that men who have most intercourse more frequently request overnight places to stay is subject to dual interpretation. Perhaps they want such places provided by the Army so that they can stay with a girl for several hours and then have a nearby Army billet, which would eliminate a trip back to camp. On the other hand, it is possible that more overnight places to stay would reduce the frequency of exposure, especially to "shack jobs", if the men did not have to rent rooms in Italian homes or hotels. Any need for renting rooms in such places sets the stage for "shacking up", even though the man did not particularly have this in mind when he started on an overnight pass.

10. How the Men Would Control VD.



As might be expected, men who have no intercourse themselves are much more likely to recommend abstaining as the best way to solve the problem of VD. Men in the group that has intercourse most frequently recommend:

- (1) Army sanction and control.
- (2) Emphasis on the present prophylactic program.

A wide variety of remarks are included below to show the range of the soldiers' thinking. Many of their remarks are contradictory, often their remarks do not seem to be very intelligent, but never can they be ignored in an analysis of the men's thinking and reaction to the Army's VD situation. The groups "a" through "k" follow the groupings in the table given above:

a. Have Army inspected or operated houses for GI's (21%):

"Have regular clean GI women, about five to a company to operate. Of course this would have to be kept from the press."

"The Army policy is to place all brothels off limits. The men still get VD and plenty of it. The Army may as well run brothels 'off the record' and keep the girls in them who are known to be clean who can be inspected daily if necessary."

"Have regulated houses of prostitution at a rest camp...not near the camp area. Let recreational facilities occupy leisure time in camp areas."

"Do as most other Armies do--put up government-sanctioned and inspected houses."

"Legalized prostitution overseas under some other more respectable name."

"Have a GI whorehouse so the men wouldn't have to go out and get some of the filthy --- they are now getting."

"GI house but keep the cost so low men wouldn't go elsewhere."

"I don't like the idea, but a government-sponsored whorehouse is the answer."

b. Army or civilian doctors should clean up prostitutes physically so they would be safe (10%):

"Check the girls more frequently; have the men turn in the sources."

"Systematic survey and cure or isolation of all persons (male and female) having venereal diseases. Nothing is being done about the civilians with these diseases over here."

"Inspected whorehouses. Clamp down on those dago hospitals that let whores go free for a reasonable sum, or because they can't feed them."

"Doctor all women caught hustling."

"Institute inspections of men twice a month. Run a house starting off with girls that are clean and have a customer show his card stamped within the last two weeks. Crack down on outsiders."

"Government-inspected whores for shack jobs and at least an unofficial check on whorehouses."

"Have women inspected. Have men inspected before going in and be made to use a rubber and take a pro. Keep prices down. Putting them off limits does harm."

c. Don't take a chance: use condom, Pro Station, Pro-Kits, etc., with other suggestions for improving those (17%):

"Always use a rubber and wash your penis off good and urinate."

"It is largely up to the man now. The Army has taken as many precautions as it can."

"Give proper use of Pro-Kits by lectures, shows."

"GI rubbers are no good, bust all the time."

"Bring back the old type of pros. The new ones aren't worth a damn."

"More Pro Stations and men attendants who know their business... Boys in my outfit claim Pro Stations are no good in town."

d. Use education: more movies, talks, or present educational plan OK (10%):

"More movies."

"No more education than is already being done."

"Post pictures of the results of VD always where they can see them."

"Let them see actual cases of VD."

"Give more lectures and use diseased women to show the effects, and why it is easy to contract the disease."

"By giving them the plain facts as to what VD can actually do to the human body. By not printing that Penicillin and sulfa drugs can cure VD."

"Human nature being what it is, it's impossible for the Army to prevent sexual intercourse. Since there's a lot of VD here, I'd suggest advertising campaign on Pro-Kits, etc., and also would avoid punishing men who do get VD - except if it can be proved that it was the guy's own fault."



"I think the Army is doing about all they can. The rest is up to the soldier, except they could take a few wise guys out of some Pro Stations."

c. Give men something else to do: movies, sports, dances, etc. (3%):

"Give us more recreation that we can enjoy. I feel that the shortage of fun over here and our low morale lead a lot of us astray."

"More wholesome GI shows. Keep alcohol out. How can one help but desire intercourse with so much sex talk, pictures (pin-up too), and the actual sex organs thrown at him!"

"More sports and rest camps."

f. Have the men abstain completely (9%):

"Keep your penis in your pants."

"Don't violate the laws of God."

"Teach the men to stay away and wait until they get home."

g. Get the men home; get them out of infected areas (2%):

"The only way is to get us out of these infected areas and that is to send us home."

"Keep men out of areas that are known to be infected."

"Send them home to their wife or girl."

"Get us out of this Theater."

h. Make passes easier to get; more furloughs (1%):

"The one reason is that they don't have enough passes and they all grab the same girl."

"Allow men liberal pass privileges, so that they do not get a feeling of being 'cooped up' and think when they go out that they must throw a fast one."

"Don't make men sneak out and take a quickie; they can't take care of themselves if they are in a hurry."

i. Punish offenders more severely (1%): (Views of punishment were also given in response to another question, reported elsewhere in this study):

"Warn the men that any who pick it up will be fined or, better still with this point system, deprive him of about five or six for each case he has."





"No, only I say the restrictions are too stiff and a man that has it won't go to an Aid Station in fear of hurting the rest of the men in his company."

"Promote scientific research to find a vaccine that will immunize against these diseases."

"Pro Stations where the man is not required to give name and show pass. Abolish the 'busting' of men for getting a venereal disease. By treating the subject (VD) the same as people treat common cold."

11. The Officer as an Example to His Men. No question was asked about the problem of officer-EM relations since it appeared to be extraneous to the problem of controlling venereal disease. However, many of the men feel that there is a real connection between officer-EM relations and the control of venereal disease, judging by voluntary comments written on a blank page provided at the end of the questionnaire for "any comments, criticisms, or suggestions that you haven't had a chance to write about already."

Many of the comments were irrelevant to the problem of VD, and many others have been included in appropriate places throughout the present report. The officer-EM problem which remains cannot be discussed in terms of percentages, but some illustrative comments are appended here since the problem is important in the minds of some of the men.

The chief problem that the men see is that of violation of the privileges of rank. The situation can be paraphrased thus:

What's sauce for the goose is sauce for the gander. We should not be handicapped because of rank in our search for clean women or in our ability to entertain them. And this means using government vehicles, too. Our officers, as models of conduct, must not do things from which we are both restricted. Furthermore, if we get VD and if they get VD, there should be no difference in the censure or punishment meted out.

This paraphrasing comes from the following small group of comments, which were selected because they represent a larger group:

"We do not have dances, and our outfit has been overseas 28 months now. There are no decent girls to be with or near, so prostitution is prevalent. Officers each week fly the planes to Rome, Naples, etc., and bring back American girls--, WACs, nurses, civilian workers for dances -- and then 'slack-up' in their tent area next to ours. Yet we are given lectures each week against bringing women into our area. In cases like the one just mentioned, good examples by officers are not set for enlisted men."

"As for the officers having all the WACs, I believe there is an A. R. out which states that an officer is not to associate with an enlisted WAC. Why isn't this A. R. adhered to? Give the Enlisted Men a chance to be with and talk to a few American WACs and also have a dance with them."

"A fellow can't actually criticize the Army, as he would be speaking against his government. It seems to me, however, the enlisted men are looked down upon too much by the officers. We are many times made to feel like something lower than a PW and I'm not exaggerating. I do agree that they (the officers) should be entitled to more privileges, but why not give the EM more privileges. I can't blame a man at times for getting drunk to drown his sorrows, and during that time he may contact VD. If the high officials were as concerned as they make off to be, they'd check into these things. Too much talk and not enough done."



"First there is too much difference in the privileges of EM and officers. GI's seldom have a chance of picking up an American WAC or nurse. The officers most always have transportation and can pick up the more decent Italian girls. They have better places to go. Better clubs, better drinks, and better living quarters. I think the most trouble is caused because of inefficient leaders. Most officers never practice what they preach to their men."

"One day they give us a lecture on bringing babes in camp and shacking up. They said if we'd caught it was our \_\_\_\_\_. Next day the officers fly to Rome or other places, brought American girls for a dance-- most of the time it was shacking-up in their tents, as we live next to them -- nice example -- lecture one minute and then turn around and do the opposite."

"Captain keeping women (Italian) in his quarters and eating better food than we do. Captain holding up our shows until he and his Italian friends are ready to see it."

"I do not fool with women in town on pass or any time I'm drinking. There are plenty of prostitutes hanging around where I work to satisfy me. Our organization has fought an officer's war for twenty-eight months. They have a fine club, whiskey, dances with civilian U. S. women from Rome, with nurses, with native girls. We've had nothing. I don't blame the officers as a whole. Only the organization leaders. We've had no wholesome contact with women since we've been overseas. All our relations with women we have to sneak. Naturally we aren't thrown into contact with the better females. The only women I've talked to for two years have been whores. Occasionally we see a Red Cross girl, but that doesn't ease the longing for female companionship. With a better chance at mild flirtations a little necking possibly, I think the disease rate would fall. So far, if we want female companionship we have to resort to prostitutes. And it's rough to hear a good orchestra, laughter from the officers club. They seem to think we can remain celibates while they bask in feminine company."

"Why are officers allowed to keep their service records clear when they contract venereal disease by having their medical record marked with everything from a bloody nose to a strain? Is it beneath their dignity? The enlisted men are not stupid. They know that rank is no barrier to disease. It certainly does not make lectures on VD more convincing when the men know this condition exists."

"I don't believe that anyone should be reduced in grade because he has contracted a venereal disease. Sexual intercourse is part of nature and no one can change that. Of course, when officers contract VD they receive little or no punishment and certainly they are not reduced for misconduct. Men are promoted for their ability to get a job done and for leadership, so why should an officer be permitted to retain his grade after having contracted VD and a non-com be punished by reducing him in grade?"





### III. CONCLUSIONS

Certain impressions, suspicions, and inferences arise from the data and are the subject matter of this section. They lack the factual surety of the main findings given in a previous section. The difficulty with the main findings as given is that they seldom prove a causal relationship, they merely state what the relations are. For example, it is quite clear that the use of liquor, frequent intercourse, and poorer prophylactic practices are associated positively. A man who drinks tends to use poor prophylactic practices in his intercourse, and he has intercourse frequently. But this association does not indicate which, if any, of the three is causative of the other two. Perhaps there is another factor still unexplored and unreported in the study which is truly causal.

This is not to impugn the value of the study; sooner or later an investigator needs to know the relationships in as exact a form as possible so that sheer trial and error or planned trial and error (experimental) procedures can show him what causes what. This is the ultimate path to control, whether the problem is one in physics or one in society, such as the problem of VD control. Occasionally the mere statistics of relationship, as presented in this study, give some immediate clues as to what is causing what, thus enabling the person charged with an action program like that of controlling VD to abandon certain procedures as being unrelated and to attempt control through others without all the previous planned trial and error which would be desirable if there were lots of time and money and if human values could be ignored completely.

When 3 out of 4 soldiers engage in any given activity which the Army would like to control, the problem is numerically staggering. When it is an activity which is approved by the group as a whole, not only by a man for himself but for the other fellow too, this powerful social sanction makes the activity almost uncontrollable. This is the apparent situation with regard to sexual intercourse among these overseas men. The normal (in the sense of civilian) disapproval of intercourse is missing except as one is reminded by memories or by letters. It has been shown for instance, that having a loyal sweetheart somewhere else is not a powerful deterrent for all the men overseas, although it is for a minority. Under normal conditions this is one of the most powerful of sanctions, leading to abstinence from intercourse with other women.

There is a new set of accepted "rights" and "wrongs" in this overseas situation: it is right to have intercourse with any available woman, it is not wrong to get VD unless one fails to go on sick call, it is wrong to punish a man for VD (even for repeated offenses, the men are divided in their judgments about punishing the offender), it is right to pay for intercourse (there is no insistence that it be on the civilian basis of at least affection, if not love), it is no disgrace to carry prophylactic equipment and others have a right to remind you to carry it. It seems not at all unlikely that the majority would favor Army operated or controlled houses of prostitution had the question been asked, since 31 per cent of the men volunteered this as a solution to the problem of VD while overseas.



What is "right" or "wrong" in the soldier's view depends a lot on what the civil population will tolerate. The particular population in which these MTCUSA soldiers move is quite tolerant of sexual contacts between soldiers and civilians. Any soldier in the Theater, of any color, can probably relate dozens of instances when he was publicly approached by women or by male procurers. It is quite common in some Italian cities to see small boys bargaining competitively with each other before a soldier in hopes of accomplishing a contact between the soldier and a woman. The boys frequently allege she is their sister, and recite loudly her numerous physical charms.

Should a soldier merely want female companionship, this may be easily had if companionship means merely being with a woman. Many write that they just want to dance with, talk to, or be with a woman as a change from the eternal male society of the Army. Here again he is almost completely frustrated for a variety of reasons. British or American Army girls are so few in number that he cannot hope to win one of them as a companion if even for one night a week. Also, it may become an entangling alliance in case he is one of the 30 per cent who are married or of the additional 20 per cent who have "loyal" sweethearts waiting at home. If he then turns to an Italian girl for companionship, he generally finds himself unable to talk to her beyond a few simple expressions. If he maintains the companionate or non-intercourse approach to the relationship, he is almost surely a frustrated man, and if he is tempted to shift the relation to a sexual one, he probably finds less resistance than he was accustomed to in his pre-Arm experience. None of this is written in terms of "guilt" or "propriety"; these seem to be the facts of the situation.

In this new social situation, it can be said that it is the peculiar man who refrains from intercourse if we look at the behavior from a strictly numerical point of view, for the great majority have intercourse (73 per cent of whites; 96 per cent of Negroes). There is no one characteristic that describes the man who refrains. This study shows a series of "more likely's;" none of them very large. The abstainer is more likely to be:

- (1) Married
- (2) A Protestant church member
- (3) Older
- (4) Overseas a short time
- (5) More highly educated
- (6) Temperate in his use of liquor
- (7) Interested in tours, school or job training, and clubs

The man at the other extreme, the one who has intercourse at least three times a month, is somewhat more likely to be:

- (1) Unmarried
- (2) Younger
- (3) A non-church goer
- (4) Overseas a long time
- (5) Less well educated
- (6) More inclined to drink



- (7) Interested in finding a woman and liquor when on pass, staying overnight in town, going to dances or parties.
- (8) Inconsistent in his use of a given prophylactic procedure
- (9) Less inclined to worry about getting VD than other men who have intercourse
- (10) Less stern in his attitude toward gold-bricking, AWOL, or failing to go on sick call when infected.

It is not ignorance of VD information that accounts for the difference in the behavior of the men, nor disinterest in the VD educational program that the Army uses. The movies and talks are endorsed by the majority of men, including those who have no intercourse at all. It is as though the men were saying, "Thanks for the information. I need it when I have intercourse over here. However, I may or may not pay attention to it."

The brief excursion into personality factors indicated that the ones examined here had little or no influence on the extent to which men had intercourse. These were the questions on: I feel that others don't like me, I can't get along with men in my company, I'm usually in low spirits, I dislike my Army job, etc. It may be that a more intensive analysis of men who are having intercourse would show how they differ in personality from men who abstain, especially those few men who are having intercourse very frequently - every day or twice a day. Such men might indeed have deeply rooted psychological difficulties or differences.

However, the men in this study are not having an unusual amount of intercourse at all for men of their average age (26 years). Any man of age 26, and certainly any married man in the Theater (70 per cent), can rightfully feel that he is being cheated sexually by this overseas situation, which is not of his making. The steady rise in frequency of intercourse with time overseas gives credence to this notion of being cheated from the sex life which society taught him was his as soon as he became a man. Furthermore, only 10 per cent of all these men are having intercourse at least once a week, which certainly is not an indication of anything like abnormal sexual activity. The average frequency of once to twice per month is certainly not high if we can hazard guesses as to the probable frequency of intercourse for this group of men if they were in normal civilian life.

The suggestions to this point can be summarized by saying that we, as investigators, should look upon intercourse as perfectly normal for men in this overseas situation. In view of the fact that 3 out of 4 white EM have intercourse, the Army would make a mistake in either charging these men with sexual abnormality or in treating them as such.

This leaves the problem of VD still untouched. The study shows that any man who has intercourse is a potential VD problem, which was obviously true, but that those who have most frequent intercourse do not have proportionately higher VD rates, which is not obviously true. This suggests that men who have most frequent intercourse are no more in need of prophylactic education than others.



The present educational program of repeated lectures, discussions, and movies until the men learn the material, with periodic reinforcement of this knowledge by new movies or new lecture material seems satisfactory to the great mass of the men. They say the movies and talks are OK or better, which should be approval enough regardless of protests from the minority (this study shows very few objectors to the VD program).

The men's remarks as to why they would not use any given prophylactic procedure, as contained in section 4, or any remarks which might be obtained in the future when new Pro-Kits or some other device are being tested), should be inspected for suggestions leading to possible technical changes. Their unfounded fears about sterility, kidney blocks, etc., should be answered by those truly most competent - the medical officers, not just any company officer. Likewise, the men's unfounded hopes that a new drug is the answer to the whole problem (22 per cent of the men said penicillin will cure all cases of Gonorrhea and Syphilis) should be quickly countered by the truth.

Providing diversionary activities and facilities is all well and good, especially for men who have little or no intercourse. That is what they need and want. To assume that this will also reach the 18 per cent in the highest frequency of intercourse group and divert them is probably misleading; the data on what they do on pass and what facilities they want indicate that what they want most is something the Army does not supply - women for sexual purposes.

There is no evidence in this study that the problem of frequent intercourse and VD stems from lack of diversionary activities. This conclusion in no way can be interpreted as excusing a failure to provide the men with as many activities and facilities as possible. It may be that intercourse and VD rates would mount rapidly without them because men who are now diverted would no longer be diverted. It may be, too, that some of the men in the middle groups would have even less frequent intercourse if more facilities were provided. The point is that there is a large number of men who want, first, women and liquor, and then in the many hours of free time that remain, access to other activities.

This report has failed to show any major ways in which VD might be reduced among soldiers within the framework of the Army's present control policy. The present efforts should be continued if ground is not to be lost in the fight for control of VD. It is conceivable that minor reductions in VD rates might be accomplished by discovering ways to bring group pressure or soldier opinion to bear against men who contract VD. There was evidence reported by some company officer to the effect that VD rates in their companies dropped considerably after committees for VD control were set up among the EM themselves. These committees then brought heavy censure upon men who broke the Company's VD record, inquired into the circumstances, and took steps to see that no further infections occurred.

There is a big step that could be taken toward reducing VD, but it lies outside the present policy of the Army in controlling VD. That step is the reduction of VD in the civilian population of the Theater. It is perfectly obvious that if our soldiers enter the Theater free of VD, and that if the MP's and civilian authorities work together to eliminate VD from prostitutes, as they are



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doing in some places, there still must be an important source of infection which is neglected. That source is the Italian male. In many parts of Italy there are free facilities available for infected women but there are few if any for men. The present campaign in many cities to eliminate VD from prostitutes is bound to fail so long as they have sexual contact with husbands, pimps, sweethearts, or other Italian men who have the purchase price and who carry VD that is virtually unchecked.

If it is considered impossible to set up such a VD control program, aimed not only at the female but at the Italian male as well, then the suggestion of a great many EM has considerable merit; set up GI houses where the women are kept as clear of VD as is possible by either direct Army action or at least by Army control through civilian agencies using Army medical supplies. These women would have to be rechecked after every contact with civilian males, if the situation were not exclusively for GI's. For many of the men who establish permanent, semi-permanent or temporary relations with a civilian girl, medical examination and treatment for VD should be provided upon the request of a soldier, and without any prejudice.

The problem of providing billets for men on pass enters here. If it is supposed that the Army can not conceivably take any steps for examining or treating the civilian population, it might still help the soldier to meet the Army's prophylactic standards ("Use a rubber; take a Pro"). A soldier who has no clean place to go with a girl, where there is running water, cannot take a Pro, as they sometimes remark.

The steps for eliminating VD in the civilian population would be the big steps in controlling VD. As the situation now stands for white EM, it can be expected that 4 cases of VD will appear rather relentlessly for each 1000 sexual contacts in a population as highly infected as is that of Italy. With exposure rates mounting as troops have less and less to occupy their time, the outlook for reducing rates markedly within the present policy is not encouraging.